

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Operator Project #	Postmark 2.18.2022	Date Received (MDEQ use only) 2.22.2022	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) R = REVISED QUANTITIES				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) E = EMER RENOVATION				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: MSU CARPENTER HALL ENGINEERING Building				
Address: 210 CARPENTER HALL ENGINEERING Building				
City: Mississippi State	State: MS	Zip: 39762		
Site Location: Mississippi State University		Tel: 662-283-4324		
Building Size: Estimated 60,000 SF	# of Floors: 4	Age in Years: 35+		
Present Use: Close For HVAC Replacement Prior Use: ENGINEERING LEARNING Building				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Mississippi State University				
Address: 210 CARPENTER HALL				
City: Mississippi State	State: MS	Zip: 39762		
Contact: TRAVIS EVANS		Tel: 662-283-4324		
REMOVAL CONTRACTOR: BELL ENVIRONMENTAL SERVICES, LLC				
Address: P.O. BOX 133				
City: Delta City	State: MS	Zip: 39061		
Contact: Jimmy Bell		Tel: 662-820-2124		
OTHER OPERATOR: ACY MECHANICAL, LLC.				
Address: P.O. BOX 724				
City: WINONA	State: MS	Zip: 38967		
Contact: TRAVIS EVANS				
V. IS ASBESTOS PRESENT? (Yes/No) (YES) 3.5 Lb. of 3" pipe insulation				
VI. PROCEDURE INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): INSPECTED BY JOE VENUS 7/6/2021, LICENSE # ABI-0001353 TSI MATERIAL CONTAINING 10% CHRYSOLITE, LAB. USE - TRIANGLE ENVIRONMENTAL SERVICES, LLC 253 DELK RD., HATTISBURG, MS 39101 USING THE PLM METHOD.				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		indicate Unit of Measurement Below UNIT
		Category I	Category II	
Pipes <input checked="" type="checkbox"/>	PIPE INSULATION <input checked="" type="checkbox"/>			Ln Ft: 3.5 Ln M:
Surface Area				Sq Ft: Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/21/2022		Complete: 2/21/2022		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2/23/2022		Complete: 3/23/2022		

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

WET METHOD, CONTAINMENT, GLOVE BAG, DOUBLE BAG

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

PLACE 6 mil poly over work area and underneath pipe. PLACE HEPA VAC inside work area. PLACE GLOVE BAG OVER PIPE. WET, REMOVE AND CLEAN. PLACE GLOVE BAG AND 6 mil poly into 6 mil BAG. SPRAY Fiber Loc ONTO CLEAN PIPE.

XII. WASTE TRANSPORTER #1

Name: BELL ENVIRONMENTAL SERVICES, LLC.

Address: P.O. BOX 133

City: DELTA City

State: MS

Zip: 39061

Contact Person: Jimmy BELL

Tel: 662-820-2124

WASTE TRANSPORTER #2: N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Leflore County Landfill

Address: 15200 US Hwy 49E, South

City: Sidon

State: MS

Zip: 38954

Tel:

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name

Title:

Authority

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS: PLACING AIR HANDLEY IN SIDE ATTIC

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

CONTINUE UNDER CONTAINMENT. CONTACT OWNER AND MDEQ OF CHANGE

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

Jimmy BELL

Type or Print Name

Jimmy Bell

(Signature of Owner/Operator)

2/18/2022

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell

Type or Print Name

Jimmy Bell

(Signature of Owner/Operator)

2/18/2022

(Date)